

MOLST's Journey in Maryland

Maryland MOLST Training Task Force
August 2011

Overview of Presentation

- Health Care Decisions Act
- POLST Efforts Across the Nation
- Maryland MOLST Work Groups
- Patient Plan of Care Form
- Life-Sustaining Treatment Options Form
- MIEMSS DNR Form
- State Advisory Council for Quality Care at the End of Life
- Research
- MOLST Core Group
- Stakeholders
- Legislative Process
- Training

The Journey



- An important foundation for Maryland MOLST was established by the Health Care Decisions Act
- HCDA became effective on October 1, 1993
- HCDA applies in all health care settings and in the community throughout Maryland
- Core group of experts and Jack Schwartz, JD, Assistant Attorney General

The Origins of POLST Across the Nation

- POLST development began in Oregon in the early 1990's
- The first POLST form was instituted in Oregon in 1995
- By February 2011, 12 states have implemented POLST, 24 states are developing POLST programs, and 9 states are trying to develop a program

The Origins in Maryland

- 1996: First POLST work group in Maryland
- Multiple work groups and organizations have explored POLST



Patient Plan of Care Form

- Effective 2004
- Documents the results of a conversation between a health care provider and the patient or authorized decision maker regarding life-sustaining treatments
- Document goals of care

Patient Plan of Care Form

- Not an advance directive
- Used to clarify or apply an existing advance directive
- Only mandated to be offered in nursing homes
- Not an order form

Instructions on Current Life Sustaining Treatment Options

- In 2007, the Patient Plan of Care form was renamed “Instructions on Current Life-Sustaining Treatment Options” form
- The name change was effective April 1, 2008

Life-Sustaining Treatment Options Form

- Only nursing homes utilize the LSTO form
- Other health care settings have not implemented it
- Other health care settings do not consistently honor it
- Not an order form

MIEMSS DNR Order



- MIEMSS is the Maryland Institute for Emergency Medical Services Systems
- All prior versions of MIEMSS DNR order forms never expire and are still honored after Maryland MOLST becomes effective

Maryland MOLST 2009 - 2011

- 2009: State Advisory Council on Quality Care at the End of Life, POLST subcommittee
- Worked with the Attorney General's Office, Maryland Institute of EMS Systems, Board of Physicians, and Office of Health Care Quality
- Subcommittee included practicing primary care physicians, specialists in Emergency Medicine, Geriatrics, and Hospice, a nurse and lawyers

MOLST Core Group

Tricia Tomsco Nay, MD, CMD, CHCQM, FAAFP, FAIHQ, FAAHPM

Paul Ballard, JD

Steve Levenson, MD, CMD

Richard Alcorta, MD, FACEP

Sarah Sette, JD

William M. Vaughan, RN, BSN

National Research

- Reviewed processes and forms used in other states
- Reviewed POLST website
- Reviewed additional POLST resources
- Reviewed POLST literature



Other States

- Spoke to other states who have implemented or are developing POLST paradigms to find out what worked, what did not work, and why
- Reviewed training programs and training tools developed by other states

Maryland Research

- Reviewed Life Sustaining Treatment Options Form and its development
- Reviewed the history of the DNR form
- Reviewed regulatory issues across the continuum of care related to advance directives, capacity to make decisions, surrogate decision making, code status, and end-of-life care

The Starting Point

- MOLST will replace the MIEMSS DNR order form and LSTO form
- The CPR orders guide both EMS crews and care in other settings
- Form cannot be so comprehensive that it becomes burdensome or difficult to use
- MOLST is an order form that is valid across the continuum of care in all health care settings and in the community
- Some facilities and programs will be required to complete MOLST for all or certain patients

Input from Stakeholders

- Sought input from 52 stakeholders and hundreds of individuals
- In turn, these stakeholders got input from thousands of individuals
- Received written and verbal comments throughout the entire process
- Multiple comment sessions

Types of Stakeholders

- Associations representing industries
- Associations representing health care professionals and other individuals
- State organizations
- State boards
- State chapters of national organizations
- Lawyers
- Religious groups
- Individuals

Associations Representing Industries

- Hospitals
- Nursing homes
- Assisted living facilities
- Hospice
- Home health care
- Adult medical day care
- Dialysis centers
- Mental health programs
- Developmental disability programs
- Ambulatory surgery centers
- Residential service agencies

State Licensing Boards

- Physicians and physician assistants
- Nurse practitioners and nurses
- Social workers
- Pharmacists



State Organizations

- Health Department
- State Regulatory and Licensing Agency
- Emergency Medical Services
- Attorney General's Office
- Mental Health
- Disabilities
- Aging
- Ombudsman
- Medicaid



Associations Representing Professionals and Individuals

- Physicians
- Medical directors
- Nurse practitioners
- Nurses
- Physician assistants
- Social workers
- Caregivers



State Chapters of National Organizations

- American Medical Association
- American College of Emergency Physicians
- American Medical Directors Association
- American Geriatrics Society

Lawyers

- Attorney General's Office
- Academics
- Bar Association
- Legal Aid
- Advocacy groups



Other Stakeholders

- Religious groups and spiritual leaders
- Individuals and caregivers from across Maryland representing various ethnic, religious, and socioeconomic backgrounds



The Road to Annapolis



- Maryland MOLST is an order form that specifies orders for cardiopulmonary resuscitation and other life-sustaining treatments
- No form is a substitute for the discussion between a patient and their health care provider about life-sustaining treatments

House Bill 82

- Sponsored by Delegate Dan Morhaim: an Emergency Room physician
- Co-sponsored by Delegate Nicholas Kipke

History in the House

- 1/21/11: First reading, Health and Government Operations
- 2/8/11: Hearing
- 3/1/11: Favorable with amendments report by HGO, unanimous vote
- 3/2/11: Favorable with amendments report adopted; Second reading passed with amendments
- 3/4/11: Third reading passed, 136 - 0

Senate Bill 203

- Sponsored by Senator Karen Montgomery
- Cosponsored by Senator Joanne Benson
- Senator Jennie Forehand
- Senator Rob Garagiola
- Senator Barry Glassman
- Senator Edward Kasemeyer
- Senator Delores Kelley
- Senator Nancy King
- Senator Richard Madaleno
- Senator Roger Manno
- Senator Thomas Middleton
- Senator Paul Pinsky
- Senator Catherine Pugh
- Senator Victor Ramirez
- Senator Jamie Raskin
- Senator James Robey
- Senator Jim Rosapepe

History in the Senate

- 1/26/11: First reading, Finance
- 2/9/11: Hearing
- 3/8/11: Favorable with amendments report by Finance, unanimous vote
- 3/9/11: Favorable with amendments report adopted; Second reading passed with amendments
- 3/11/11: Third reading passed, 45 - 0

Next Steps

- Form a training task force to provide input into:
 - MOLST form and instructions
 - MOLST training tools
 - Train the trainer program

Maryland MOLST Training Task Force

- Comprised of over 70 stakeholders and individuals with specific knowledge, skills, and experience
- Developed MOLST training tools for consumers and professionals, including flyers, written guides, slide presentations, and videos

Maryland MOLST Form

MM 10/2011			Page 1 of 2						
Maryland Medical Orders for Life-Sustaining Treatment (MOLST)									
Patient's Last Name, First, Middle Initial	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female							
<p>This form includes medical orders for Emergency Medical Services (EMS) and other medical personnel regarding cardiopulmonary resuscitation and other life-sustaining treatment options for a specific patient. It is valid in all health care facilities and programs throughout Maryland. This order form shall be kept with other active medical orders in the patient's medical record. The physician or nurse practitioner must accurately and legibly complete the form and then sign and date it. Blank order forms shall not be signed. The physician or nurse practitioner shall select only 1 choice in Section 1 and only 1 choice in any of the other Sections that apply to this patient. If any of Sections 2-9 do not apply, leave them blank. A copy or the original of every completed MOLST form must be given to the patient or authorized decision maker within 48 hours of completion of the form or sooner if the patient is discharged or transferred.</p>									
<p>CERTIFICATION FOR THE BASIS OF THESE ORDERS: Mark any and all that apply. Otherwise, leave this section blank. I hereby certify that these orders are entered as a result of a discussion with and the informed consent of:</p> <p> <input type="checkbox"/> the patient, or <input type="checkbox"/> the patient's health care agent as named in the patient's advance directive, or <input type="checkbox"/> the patient's guardian of the person, or <input type="checkbox"/> the patient's surrogate, or <input type="checkbox"/> if the patient is a minor, the patient's legal guardian or another legally authorized adult. </p> <p>Or, I hereby certify that these orders are based on:</p> <p> <input type="checkbox"/> instructions in the patient's advance directive, or <input type="checkbox"/> certification by two physicians that CPR and/or other specific treatments will be medically ineffective. </p> <p> <input type="checkbox"/> Mark this line if the patient or authorized decision maker declines to discuss or is unable to make a decision about these treatments. If the patient or authorized decision maker has not limited care, except as otherwise provided by law, CPR will be attempted and other treatments will be given. </p>									
<p>CPR (RESUSCITATION) STATUS: EMS providers must follow the <i>Maryland Medical Protocols for EMS Providers</i>. Attempt CPR: If cardiac and/or pulmonary arrest occurs, attempt cardiopulmonary resuscitation (CPR). This will include any and all medical efforts that are indicated during arrest, including artificial ventilation and efforts to restore and/or stabilize cardiopulmonary function. [If the patient or authorized decision maker does not or cannot make any selection regarding CPR status, mark this option. Exceptions: If a valid advance directive declines CPR, CPR is medically ineffective, or there is some other legal basis for not attempting CPR, mark one of the "No CPR" options below.]</p>									
<p>1 No CPR, Option A, Comprehensive Efforts to Prevent Arrest: Prior to arrest, administer all medications needed to stabilize the patient. If cardiac and/or pulmonary arrest occurs, do not attempt resuscitation (No CPR). Allow death to occur naturally.</p> <p> <input type="checkbox"/> Option A-1, Intubate: Comprehensive efforts may include intubation and artificial ventilation. <input type="checkbox"/> Option A-2, Do Not Intubate (DNI): Comprehensive efforts may include limited ventilatory support by CPAP or BiPAP, but do not intubate. </p> <p> <input type="checkbox"/> No CPR, Option B, Palliative and Supportive Care: Prior to arrest, provide passive oxygen for comfort and control any external bleeding. Prior to arrest, provide medications for pain relief as needed, but no other medications. Do not intubate or use CPAP or BiPAP. If cardiac and/or pulmonary arrest occurs, do not attempt resuscitation (No CPR). Allow death to occur naturally. </p>									
<p>PHYSICIAN'S OR NURSE PRACTITIONER'S SIGNATURE (Signature and date are required to validate order)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border-bottom: 1px solid black; font-size: small;">Practitioner's Signature</td> <td style="width: 30%; border-bottom: 1px solid black; font-size: small;">Print Practitioner's Name</td> <td style="width: 40%;"></td> </tr> <tr> <td style="border-bottom: 1px solid black; font-size: small;">Maryland License #</td> <td style="border-bottom: 1px solid black; font-size: small;">Phone Number</td> <td style="border-bottom: 1px solid black; font-size: small;">Date</td> </tr> </table>				Practitioner's Signature	Print Practitioner's Name		Maryland License #	Phone Number	Date
Practitioner's Signature	Print Practitioner's Name								
Maryland License #	Phone Number	Date							

Patient's Last Name, First, Middle Initial		Date of Birth	Page 2 of 2						
		<input type="checkbox"/> Male <input type="checkbox"/> Female							
<p>Orders in Sections 2-9 below do not apply to EMS providers and are for situations other than cardiopulmonary arrest. Only complete applicable items in Sections 2 through 8, and only select one choice per applicable Section.</p>									
<p>ARTIFICIAL VENTILATION</p> <p>2a. <input type="checkbox"/> May use intubation and artificial ventilation indefinitely, if medically indicated. 2b. <input type="checkbox"/> May use intubation and artificial ventilation as a limited therapeutic trial. Time limit: _____ 2c. <input type="checkbox"/> May use only CPAP or BiPAP for artificial ventilation, as medically indicated. Time limit: _____ 2d. <input type="checkbox"/> Do not use any artificial ventilation (no intubation, CPAP or BiPAP).</p>									
<p>BLOOD TRANSFUSION</p> <p>3a. <input type="checkbox"/> May give any blood product (whole blood, packed red blood cells, plasma or platelets) that is medically indicated. 3b. <input type="checkbox"/> Do not give any blood products.</p>									
<p>HOSPITAL TRANSFER</p> <p>4a. <input type="checkbox"/> Transfer to hospital for any situation requiring hospital-level care. 4b. <input type="checkbox"/> Transfer to hospital for severe pain or severe symptoms that cannot be controlled otherwise. 4c. <input type="checkbox"/> Do not transfer to hospital, but treat with options available outside the hospital. 4d. <input type="checkbox"/> Only perform limited medical tests necessary for symptomatic treatment or comfort.</p>									
<p>MEDICAL WORKUP</p> <p>5a. <input type="checkbox"/> May perform any medical tests indicated to diagnose and/or treat a medical condition. 5b. <input type="checkbox"/> Do not perform any medical tests for diagnosis or treatment.</p>									
<p>ANTIBIOTICS</p> <p>6a. <input type="checkbox"/> May use antibiotics (oral, intravenous or intramuscular) as medically indicated. 6b. <input type="checkbox"/> May use oral antibiotics when medically indicated, but do not give intravenous or intramuscular antibiotics. 6c. <input type="checkbox"/> May use oral antibiotics only when indicated for symptom relief or comfort. 6d. <input type="checkbox"/> Do not treat with antibiotics.</p>									
<p>ARTIFICIALLY ADMINISTERED FLUIDS AND NUTRITION</p> <p>7a. <input type="checkbox"/> May give artificially administered fluids and nutrition, even indefinitely, if medically indicated. 7b. <input type="checkbox"/> May give artificially administered fluids and nutrition, if medically indicated, as a trial. Time limit: _____ 7c. <input type="checkbox"/> May give fluids for artificial hydration as a therapeutic trial, but do not give artificially administered nutrition. Time limit: _____ 7d. <input type="checkbox"/> Do not provide artificially administered fluids or nutrition.</p>									
<p>DIALYSIS</p> <p>8a. <input type="checkbox"/> May give chronic dialysis for end-stage kidney disease if medically indicated. 8b. <input type="checkbox"/> May give dialysis for a limited period. Time limit: _____ 8c. <input type="checkbox"/> Do not provide acute or chronic dialysis.</p>									
<p>9 OTHER ORDERS</p> <p>_____</p> <p>_____</p> <p>_____</p>									
<p>PHYSICIAN'S OR NURSE PRACTITIONER'S SIGNATURE (Signature and date are required to validate order)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border-bottom: 1px solid black; font-size: small;">Practitioner's Signature</td> <td style="width: 30%; border-bottom: 1px solid black; font-size: small;">Print Practitioner's Name</td> <td style="width: 40%;"></td> </tr> <tr> <td style="border-bottom: 1px solid black; font-size: small;">Maryland License #</td> <td style="border-bottom: 1px solid black; font-size: small;">Phone Number</td> <td style="border-bottom: 1px solid black; font-size: small;">Date</td> </tr> </table>				Practitioner's Signature	Print Practitioner's Name		Maryland License #	Phone Number	Date
Practitioner's Signature	Print Practitioner's Name								
Maryland License #	Phone Number	Date							

Maryland MOLST Form

INSTRUCTIONS							
<p>Completing the Form: The physician or nurse practitioner shall select only 1 choice in Section 1 and only 1 choice in any of the other Sections that apply to this patient. If any of Sections 2-9 do not apply, leave them blank. Use Section 9 to document any other orders related to life-sustaining treatments. The order form is not valid until a physician or nurse practitioner signs and dates it. Each page that contains orders must be signed and dated. A copy or the original of every completed MOLST form must be given to the patient or authorized decision maker within 48 hours of completion of the form or sooner if the patient is discharged or transferred.</p> <p>Selecting CPR (Resuscitation) Status: EMS Option A-1 – Intubate, Option A-2 – Do Not Intubate, and Option B include a set of medical interventions. You cannot alter the set of interventions associated with any of these options and cannot override or alter the interventions with orders in Section 9.</p> <p>No-CPR Option A: Comprehensive Efforts to Prevent Cardiac and/or Respiratory Arrest / DNR if Arrest – No CPR. This choice may be made either with or without intubation as a treatment option. Prior to arrest, all interventions allowed under the Maryland Medical Protocols for EMS Providers. Depending on the choice, intubation may or may not be utilized to try to prevent arrest. Otherwise, CPAP or BiPAP will be the only devices used for ventilatory assistance. In all cases, comfort measures will also be provided. No CPR if arrest occurs.</p> <p>No-CPR Option B: Supportive Care Prior to Cardiac and/or Respiratory Arrest. DNR if Arrest Occurs – No CPR. Prior to arrest, interventions may include opening the airway by non-invasive means, providing passive oxygen, controlling external bleeding, positioning and other comfort measures, splinting, pain medications by orders obtained from a physician (e.g., by phone or electronically), and transport as appropriate. No CPR if arrest occurs.</p> <p>The DNR A-1, DNR A-2 (DNI) and DNR B options will be authorized by this original order form, a copy or a fax of this form, or a bracelet or necklace with the DNR emblem. EMS providers or medical personnel who see these orders are to provide care in accordance with these orders and the applicable Maryland Medical Protocols for EMS Providers. Unless a subsequent order relating to resuscitation has been issued or unless the health care provider reasonably believes a DNR order has been revoked, every health care provider, facility, and program shall provide, withhold, or withdraw treatment according to these orders in case of a patient's impending cardiac or respiratory arrest.</p> <p>Location of Form: The original or a copy of this form shall accompany patients when transferred or discharged from a facility or program. Health care facilities and programs shall maintain this order form (or a copy of it) with other active medical orders in the patient's medical record. At the patient's home, this form should be kept in a safe and readily available place and retrieved for responding EMS and health care providers before their arrival. The original, a copy, and a faxed MOLST form are all valid orders. There is no expiration date for the MOLST or EMS DNR orders in Maryland.</p> <p>Reviewing the Form: These medical orders are based on this individual's current medical condition and wishes. Patients, their authorized decision makers and attending physicians or nurse practitioners shall review and update if appropriate the MOLST orders annually and whenever the patient is transferred between health care facilities or programs, is discharged, has a substantial change in health status, loses capacity to make health care decisions, or changes his or her wishes.</p> <p>Updating the Form: The MOLST form shall be voided and a new MOLST form prepared when there is a change to any of the orders. If modified, the physician or nurse practitioner shall void the old form and complete, sign, and date a new MOLST form.</p> <p>Voiding the Form: To void this medical order form, a physician or nurse practitioner shall draw a diagonal line through the sheet, write "VOID" in large letters across the page, and sign and date below the line. A nurse may take a verbal order from a physician or nurse practitioner to void the MOLST order form. Keep the voided order form in the patient's active or archived medical record.</p> <p>Revoking the Form's DNR Order: In an emergency situation involving EMS providers, the DNR order in Section 1 may be revoked at any time by a competent patient's request for resuscitation made directly to responding EMS providers.</p> <p>Bracelets and Necklaces: If desired, complete the paper form at the bottom of this page, cut out the bracelet portion below, and place it in a protective cover to wear around the wrist or neck or pinned to clothing. If a metal bracelet or necklace is desired, contact Medic Alert at 1-800-432-5378. Medic Alert requires a copy of this order along with an application to process the request.</p> <p>How to Obtain This Form: Call 410-706-4367 or go to dnhm.maryland.gov/marylandmolst</p>							
 <p>Use of an EMS DNR bracelet is OPTIONAL and at the discretion of the patient or authorized decision maker. Print legibly, have physician or NP sign, cut off strip, fold, and insert in bracelet or necklace.</p>	<p><input type="checkbox"/> DNR A-1 Intubate <input type="checkbox"/> DNR A-2 Do Not Intubate <input type="checkbox"/> DNR B</p> <table><tr><td>Pt. Name</td><td>DOB</td></tr><tr><td>Phys./NP Name</td><td>Date</td></tr><tr><td>Phys./NP Signature</td><td>Phone</td></tr></table>	Pt. Name	DOB	Phys./NP Name	Date	Phys./NP Signature	Phone
Pt. Name	DOB						
Phys./NP Name	Date						
Phys./NP Signature	Phone						

Identify Who Needs Training



- Organizations
- Groups
- Individuals

Licensed Programs and Facilities

Adult Medical Day Care	125
Ambulatory Surgery Centers	340
Assisted Living Facilities	1379
Birthing Centers	2
Comprehensive Rehab Outpatient Fac.	7
Dialysis Centers	118
Hospice	32
Home Health	56

Licensed Programs and Facilities

HMO's	9
Hospitals	68
Nursing Homes	235
Major Medical Equipment Facilities	224
Nursing Staff Agencies	485
Nursing Referral Service Agencies	89
Outpatient Physical Therapy Centers	96
Residential Service Agencies	748

Licensed Programs and Facilities

Developmental Disabilities Programs	
Mental Health Programs	
Substance Abuse Programs	
Outpatient Rehab	

Other Health Care Systems

- VA System
- Military facilities
- Kaiser
- Evercare
- Bravo

Health Care Professionals

- EMS Providers - 30,000
- Physicians - 26,973
- Emergency Room Physicians
- Nurse Practitioners - 3,500
- Physician Assistants - 2,548
- Nurses - 67,000
- Social Workers
- Care Managers and Case Managers

Other Professionals and Organizations

- Lawyers
- Ombudsmen
- Office of the Chief Medical Examiner
- State Anatomy Board
- State and County Health Officers and Departments
- County guardianship programs
- Academics and training programs

The Largest Stakeholders

- Individuals
- Caregivers



Spreading the Word

- Transmittals from the Office of Health Care Quality
- Professional Boards: Websites and publications
- Professional Associations: Websites and publications
- Maryland MOLST website

Maryland MOLST Training Tools

- Maryland MOLST Form and Instructions
- Health Care Decision Making Worksheet
- Guide for Health Care Professionals
- Guide for Patients and Caregivers
- Guide for Authorized Decision Makers
- Maryland MOLST FAQs
- Maryland MOLST
- Health Care Decisions Act

Maryland MOLST Training Tools

- MOLST's Journey in Maryland
- What Is MOLST?
- Information Sheet for Consumers
- Information Sheet for Health Care Professionals
- How Do I Plan My Health Care?
- Understanding Your Choices for Medical Treatment

Train the Trainer Program

- Offered throughout Maryland beginning four and a half months prior to the date Maryland MOLST becomes effective
- Seven-hour training program about the health care decision making process, Health Care Decisions Act, and Maryland MOLST

Tracking Data

- Maryland MOLST training database: Tracks training for facilities and programs as well as training for various types of professionals

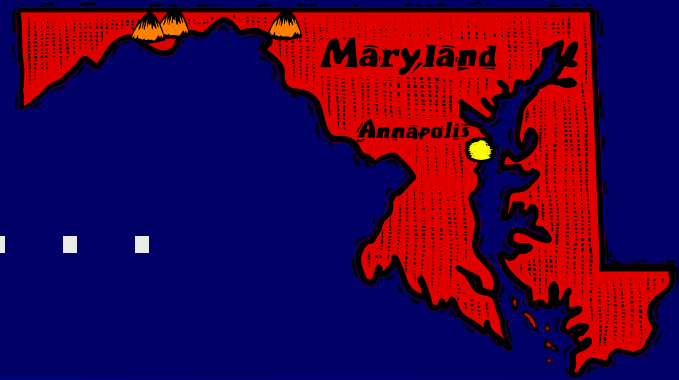


Electronic Registry

- CRISP (Chesapeake Regional Information System for Our Patients): Three-year grant to develop an electronic registry for advance directives and Maryland MOLST orders



It Took a State . . .



- Maryland MOLST is a work product of the state of Maryland
- A wide variety of industries, organizations, professional boards, health care professionals, lawyers, religious groups, and individuals shared their knowledge, skills, time, and expertise to develop Maryland MOLST

For More Information

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